

New York State Department of Taxation and Finance

Election or Termination of Election to Deem Income for Purposes of the Farmers' School Tax Credit

En	mployer identification number			Telephone	e number I			For office u	se only		
	Legal name of corporation										
							ŀ	Date receive	ed		
SS	DBA or trade name (if any)										
address	i										
Mailing	C/O Number and street or PO box										
Mai											
	City			State	ZIF	ode code					
1	Mark an X in the appropriate box:										
	Termination of election due to shareholder(s) consent Cessation of election due to cessation of election due to shareholder(s) consent Cessation of election due to cessation due									y (complete line 4)	
2	Due date, disregarding any extension,	of the corpo	ration's	tax return f	or the yea	ar in wl	hich the ele	ection is to	be effe	ective	<u></u>
3	Ending date for tax year for which this	election is to	be effe	ective	m-dd-yy)	_					
4	Date of cessation										
agr inc tha	owledge and belief true, correct, and comple ree to make the election, then all shareholde come and principal payment on farm indebte an one-half, by vote and value, of the shares be instructions if a continuation sheet or a se	ers, other than dness as requ of stock of the	n New You uired in Ta e corpora	rk C corpora ax Law secti ation agree t	ations, mus ion 606(n) o such ter ed.	st take ii (9). Suc	nto account th election is	their pro ra	ata share	s of the corporation	า'ร
	A Name and address of each shareholder agreeing to election or termination (include ZIP code)						To be	Shareholder's signature (see instructions) be valid, all shareholders agreeing on election mination must signify consent by signing below.			
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_	office of a section to a section to the section of				- de - 1	-6				at and a lit	
_	ertification: I certify that this election or term gnature of authorized person (see instructions)	nination and a	ny attach	ments are to	o the best Officia		nowledge al	na beliet tr	ue, corre	ct, and complete.	
	5 1 2. 22				301						
eparer	Signature of individual preparing this election Firm's name (or yours if self-employed)								Telephor	ne number	
Paid preparer	Address	City		State	ZIP code	9	ID number			Date	

See instructions for where to file.